



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813
**INSTRUCTION SHEET FOR HOISTING MACHINE OPERATOR'S
APPLICATION FOR SPECIAL CERTIFICATION**

Instructions

Please completely fill out the HOISTING MACHINE OPERATOR'S APPLICATION FOR SPECIAL CERTIFICATION.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
(808) 586-9104



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**HOISTING MACHINE OPERATOR'S APPLICATION FOR SPECIAL
CERTIFICATION**

COMPLETE APPLICATION MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

A. PERSONAL DATA

Name (Last, First, Middle)		Date of Birth	Social Security Number
Title or Position	Employer		
Business Address		Country if Not in USA	<input type="checkbox"/> Send Mail Here
Home Address			<input type="checkbox"/> Send Mail Here
Home Phone ()	Business Phone ()	Fax: ()	

B. SPECIAL CERTIFICATION (Valid for 2 years or at termination with employer. Not renewable, nontransferable and issued only once to applicant/operator. Valid for only listed machines.)

1. _____ Attached employer certification of applicant's operator training as required by ASME B30.5 for machines listed. <i>(Make, model and serial # of each machine that will be listed as specialty on card)</i>
2. _____ Valid Government Issued Photo ID: ID Type _____ Number (if applicable) _____
3. _____ Physical Examination must meet the requirements of ASME B30.5 Section 5-3.1.2(a). Submit a completed and current copy of one of the following: Expiration Date: _____ a. _____ A Department of Transportation certificate of medical examination. b. _____ A current medical examination certificate meeting the above-mentioned requirements.
4. _____ Fees: All application and certification fees are nonrefundable. a. _____ \$50.00 Nonrefundable application fee due at the time of application submittal. <i>(initial application only)</i> b. _____ \$300.00 Special Certification fee. Due within 30 days after notification that application is approved.

CERTIFICATION:

I understand that this certificate is valid only for 2 years and that I may not operate any other piece of equipment or could be fined a civil penalty. I also certify that all responses and statements made on this application are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient grounds for the denial or revocation of this Special Hoisting Machine Operator's Certificate and punishable under the criminal laws of the State of Hawaii.

Signature of Applicant	Print Name	Date
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FOR OFFICE USE ONLY			
Date Received:	Approved by:	Certificate No.:	Completed Date:
Check No.:	Check Date:	Check Amount:	Cert. Ltr. Sent: